

**UTILITY SERVICE GUARANTY BOND**  
 FORM 12160 (6-04)

AMOUNT
ACCOUNT NO.
SERVICE NAME

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_,  
 hereinafter called Principal and \_\_\_\_\_,  
 hereinafter called Surety, are held and firmly bound to Kansas Gas Service, a division of ONEOK, Inc., hereinafter  
 referred to as "Obligee," in the aggregate sum of \_\_\_\_\_ for the payment of which sum well and  
 truly to be made, we the Principal and Surety bind ourselves, our heirs, executors, administrators, successors,  
 assigns and Trustees, jointly and severally by these presents.

WHEREAS, The Principal has requested, and Obligee has agreed to furnish utility service to the Principal as  
 owner or occupant of the premises located at \_\_\_\_\_  
 pursuant to the applicable rates, rules and regulations for such service; and

WHEREAS, The Obligee is willing to accept this Bond in lieu of securing a cash deposit to be made by the  
 Principal to secure payment for the service to be furnished at such premises, or at any and all additional locations  
 where Principal may receive utility service from Obligee.

NOW THEREFORE, If the Principal shall pay the full amount of all sums which become due the Obligee,  
 then this obligation shall be void; otherwise to be and to remain in full force and effect.

PROVIDED, HOWEVER, That the Surety herein may, if it so elects, terminate its obligation under this Bond  
 by first serving thirty (30) days written notice of its intention so to do upon the Obligee at the address below, but the  
 Surety shall nevertheless remain liable after the termination date for any and all indebtedness of the Principal to the  
 Obligee accrued prior to the proposed termination date, which Principal fails to pay when payment becomes due.  
 Surety's liability shall not exceed the penal sum of the bond.

OBLIGEE'S ADDRESS: KANSAS GAS SERVICE  
 P.O. BOX 3535  
 TOPEKA, KS 66601

SIGNED, SEALED AND DELIVERED, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 LOCAL AGENT FOR SURETY

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY, STATE, ZIP CODE

\_\_\_\_\_  
 TELEPHONE (Area Code/Number)

\_\_\_\_\_  
 BOND NUMBER

\_\_\_\_\_  
 PRINCIPAL

By: \_\_\_\_\_

\_\_\_\_\_  
 SURETY

By: \_\_\_\_\_  
 Attorney-in-fact